Lakeview School District, Employee costs for 2025
SUMMARY OF EMPLOYEE RATES FOR 2025 (All quoted in monthly rates)
Cost to employee is for health only. There is no cost to employees for dental or vision.
PREMIUMS: Effective 1/1/2025
ACA taxes/fees: Effective 1/1/2025

FOOD SERVICE SINGLE 247L		**Single**	**2Person**	**Family**	
Plan: ABC2 5-TIER - $2000/$4000; $none; 0%; 5-TIER RX	**ABC2 5-TIE**	135.63			
ACA Taxes/Fees		0.00			
Total monthly cost to employee:		$135.63	$0.00	$0.00	
EMPLOYER COST		$580.85	$0.00	$0.00	
Plan: Balance+ - $1650/$3300; $10, $25, $50; 20%; Balance+ RX	**Balance+**	134.52			Pak includes health, dental and vision
ACA Taxes/Fees		0.00	0.00	0.00	
Total monthly cost to employee:		$134.52	$0.00	$0.00	
EMPLOYER COST		$576.41			
Plan: Dental & Vision/No health					
Monthly cost to employee:	**PAK B**	0.00	0.00	0.00	Pak includes dental and vision, NO HEALTH
EMPLOYER COST FOR PAK B:		39.05			

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MESSA In-Network Plan Comparison - Effective 1/1/2025
Lakeview School District

	MESSA ABC Plan 2 $2,000/$4,000 0% 5-Tier Rx HSA	MESSA ABC Plan 2 $2,000/$4,000 20% 3-Tier Rx HSA	MESSA Balance+ $1,650/$3,300 20% Balance+ Rx HSA
Employee Premium Share per Pay - 20% Share, 2% Medical plan discount, 24 Pays and 50% HSA Funding			
Single	$67.66	$64.64	$67.11
2person	$152.24	$145.43	$150.99
Family	$189.46	$180.98	$187.90
In-Network Cost Share After Deductible			
Deductible	$2,000/$4,000 After District Funding: $1,000/$2,000	$2,000/$4,000 After District Funding: $1,000/$2,000	$1,650/$3,300 After District Funding: $825/$1,650
Coinsurance	0%	20%	20%
Teladoc 24/7 care for minor illnesses, injuries and mental health	0%	20%	$10
Teladoc Health virtual primary care	0%	20%	$25
Office visit	0%	20%	$25
Specialist visit	0%	20%	$50
Urgent care	0%	20%	$50
Emergency room	0%	20%	$200
Total out-of-pocket maximum	$4,000/$8,000	$5,000/$8,300	$4,050/$8,100
Certain Benefit Differences (cost share is applied after deductible is met)			
Chiropractic manipulations	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 80% after ded.	12 visits combined per calendar year; $25 copay applies
Osteopathic manipulations	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 80% after ded.	
Outpatient physical, occupational and speech therapy	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 80% after ded.	30 visits combined per calendar year, including therapeutic massage by an approved provider (excludes massage therapist); 80% after ded.
Bariatric surgery	100% after ded.	80% after ded.	Not covered
Acupuncture	100% after ded.	80% after ded.	Not covered
Hearing aids	100% up to a max. benefit after ded.	80% up to a max. benefit after ded.	Not covered
Prescription Drugs	**5-Tier Rx (after deductible)**	**3-Tier Rx (after deductible)**	**MESSA Balance+ Rx (after deductible)**
Up to a 34-day supply			
Generic	Free or $10	Free or $10	Free or $10
Preferred brand	$40	20% coinsurance ($40 min - $80 max)	$40
Nonpreferred brand	$80	20% coinsurance ($60 min - $100 max)	$80
Preferred specialty (generic specialty and brand specialty)	20% coinsurance ($0 min - $150 max)	Pricing included in one of the above categories	20% coinsurance ($0 min - $150 max)
Nonpreferred specialty	20% coinsurance ($0 min - $300 max)		20% coinsurance ($0 min - $300 max)
90-day supply			
Generic, Preferred brand, Nonpreferred brand	3x 1-month supply; Retail or mail order	2.5x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order
Additional Information			
Free preventive drug list(s)	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.
Supplemental Plans	Not included	Not included	Included: MESSA's Accident, Critical Illness and Hospital Indemnity plans

ACA = Affordable Care Act

~ Essentials by MESSA Rx, Balance+ Rx, and 5-Tier Rx plans have several drugs and drug categories that are excluded from coverage, including, but not limited to brand-name drugs that have generic equivalents, erectile dysfunction drugs, brand-name weight loss and prenatal vitamins, and drugs that treat coughs and colds, including most antihistamines.

~ The MESSA ABC Plan 1 and Balance+ deductible is subject to change each Jan. 1 to remain HSA-compatible, per IRS rules; out-of-pocket maximums may change based on deductible amounts.

If you have any questions, please contact your MESSA Field Representative, Tara Wilbur, at 800-292-4910.

This comparison is provided for informational purposes only and MESSA assumes no responsibility or liability for any errors or omissions in the content. Refer to MESSA.org and the plan booklets for additional information.

MESSA Dental plan highlights

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517.332.2581 • 800.292.4910

Effective Date: 01/01/2023

MESSA Account: Lakeview School District

Employee Group: 247L Food Service

Group/Subgroup: 00471-0035

MESSA dental plans are underwritten and administered by Delta Dental of Michigan, a non-profit dental care corporation known for its high quality dental programs. Delta Dental contracts with dentists throughout the U.S. to provide high quality care and 90% of Michigan dentists are in the Delta Dental provider network. MESSA members can easily locate Delta Dental contracting providers by visiting **www.messa.org** and using the provider directory search provided by Delta Dental.

Plan Features

Diagnostic & Preventive Services 100%	**Basic Services 80%**	**Major Services 80%**	**Orthodontics 80%**
• Oral Examination • Prophylaxes • Topical Fluoride* • Brush Biopsy • Emergency Pallative • 2 Cleanings in 12 Months * Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19. **Rider** (If neither box below is checked, you do not have this coverage.) ☐ 3 Cleanings in 12 Months ☐ 4 Cleanings in 12 Months	• Radiographs (x-rays)* • Restorative • Crowns** • Oral Surgery • Endodontic Services — treatment for diseased or damaged nerves. • Periodontic Services — treatment for diseases of the gum and teeth-supporting structures. * Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years. ** Payable once in any 5-year period on the same tooth. **Rider** (If the box below is not checked, you do not have this coverage.) ☐ Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.	• Procedures for the construction of fixed bridgework, enosteal implants, partial and complete dentures. • Payable once in any 5-year period for the same appliances.	• Necessary treatment and procedures required for the correction of abnormal bite. • Orthodontic exam, radiographs and extractions are covered under Diagnostic & Preventive Services and Basic Services. **Rider** (If the box below is not checked, you do not have this coverage.) ☐ Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.
$1,000 annual maximum per person **Diagnostic & Preventive Services, Basic Services, and Major Services**			**$1,300** lifetime maximum per person **Orthodontics**

For a complete listing of exclusions and limitations that apply to the plan, refer to the Delta Dental of Michigan certificate booklet.

VSP 2 Benefits

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michiga 48826-2560
517-332-2581 • 800-292-4910

Effective Date: 1/1/2023

MESSA Account: Lakeview School District

Employee Group: 247L Food Service

In-network providers

Most eye doctors are in VSP's Signature network. Staying in-network makes sure you get the most value from your benefits and limits your out-of-pocket costs. In-network doctors bill VSP directly as a convenience to you.
A directory of Signature network doctors is available at messa.org/vision or www.vsp.com. Call VSP member services at 800.877.7195 for assistance.

Out-of-network providers
(Maximum reimbursement to patient)

If you choose to see a doctor who is not in the VSP Signature network, your out-of-pocket costs will likely be higher and you must submit the itemized receipts to VSP for reimbursement. For more information, visit www.vsp.com or call VSP member services at 800.877.7195.

Benefit	In-network provider	Out-of-network provider maximum allowance
Examination		
Optometrist	$6.50 copayment	$28.50
Ophthalmologist		$38.50
Contact lenses (includes eye examination and contact lens exam)		
Elective lenses to improve vision	$90 allowance	$90
Medically necessary - *to correct keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye*	MESSA pays 100% of the approved amount	$175
Eyeglass frames	$65 allowance after copayment	$44
Eyeglass lenses		
Single vision	$18 copayment	$29
Bifocal		$51
Trifocal		$63
Lenticular		$75
Eyeglass lens enhancements		
Rose #1 or #2 tint Rimless Oversize Blended Photochromic	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
Progressive	Not covered	
Tinted		
Single vision	MESSA pays 100% of the approved amount	$33
Bifocal		$61
Trifocal		$75
Lenticular		$89
Polarized		
Single vision	MESSA pays 100% of the approved amount	$47
Bifocal		$81
Trifocal		$101
Lenticular		$119